

SUMMARY OF WORK FORM (RA-4 or DP-6)

The use of this form is required.

The information included will assist ADEQ in review of the work claimed on the SAF application or request.

This form is separated by the different corrective action Phases.

Only the information for the Phases associated with the work claimed on this application or request needs to be completed and submitted with your application or request.

NOTE: Per A.A.C. R18-12-608(C)(1)(h) - If an incremental cost associated with a task cannot be included in the reimbursement application or direct payment request, a rationale for its exclusion shall be provided in the summary of work.

Phase A – Release Confirmation	Release #(s)
1. Period of Time covered:	
2. Technique used for Sample Collection: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Soil Boring Installation Boring ID #(s): _____ <input type="checkbox"/> Hand Augering</div><div><input type="checkbox"/> Open excavation <input type="checkbox"/> Other: (Describe): _____</div></div>	
3. 14-Day Release Confirmation Report Form claimed: Yes No	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
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Phase B - Initial Site Characterization	Release #(s)
1. Period of Time covered: _____	
2. Date Initial Site Characterization Report Form Submitted: _____ If site visit was conducted, date of site visit: _____	
3. Initial Site Characterization Form claimed: Yes No	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
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Phase C – Site Investigation (Vertical and Lateral Extent)				Release #(s)	
1. Period of Time covered:					
2.					
Total Number of Borings: _____					
Total Footage being claimed: _____					
Total Number of Wells: _____					
Total Footage being claimed: _____					
3.					
Work Performed Relate to:	Media being Investigated	Release #(s)	Boring ID #(s)	Well ID #(s)	ADWR Well Registry #(s)
Investigation for vertical extent	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater				
On-site investigation for lateral extent	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater				
Off-site Investigation for lateral extent	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater				
4. If Report on file with the Department:					
Title of Document: _____					
Date of Document: _____					
Location within Document: _____					
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.					
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Phase D - Groundwater Monitoring	Release #(s)	
1. Period of Time covered:		
2. Sampling Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ Number of Wells Sampled: _____		
3.	Well ID #(s):	Release #(s):
<input type="checkbox"/> Investigative Sampling during Characterization		
<input type="checkbox"/> Compliance Sampling during Characterization		
<input type="checkbox"/> Evaluating Effectiveness of Remedial Alternative		
<input type="checkbox"/> LUST Case Closure		
<input type="checkbox"/> Fluid Level Measurement only		
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.		
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Phase E - Aquifer Characterization	Release #(s)
1. Period of Time covered:	
2. <input type="checkbox"/> Slug Test Performed Well ID #(s): _____ <input type="checkbox"/> Aquifer Pump Test Performed Well ID #(s): _____	
3. Work Performed Relates to: <input type="checkbox"/> Characterization Well ID #(s): _____ <input type="checkbox"/> Evaluation of Remedial Alternative Well ID #(s): _____	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed 	
6. If an incremental cost associated with a task cannot be included in the reimbursement application or direct payment request, a rationale for its exclusion shall be provided in the summary of work. 	

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Phase F - Manual/Passive Free Product Removal		
1. Period of Time covered:		
2. Frequency of Events: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other: _____		
3.	Well ID #(s):	Release #(s):
<input type="checkbox"/> Free Product Investigation		
<input type="checkbox"/> Periodic Removal		
<input type="checkbox"/> Removal per Corrective Action Plan		
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. 		
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Phase G – Pilot Testing			
1. Period of Time covered:			
2.			
Work Performed Relate to:	Release #(s)	Well ID #(s)	ADWR Well Registry #(s)
Installation of Vapor Extraction Wells			
Installation of Sparge Wells			
Performing Soil Vapor Extraction Test			
Performing Air Sparge Test			
Performing Multi-Phase Extraction Test			
Performing Active Free Product Removal Test			
Other (Describe):			
<p>3. If Report on file with the Department:</p> <p>Title of Document: _____</p> <p>Date of Document: _____</p> <p>Location within Document: _____</p>			
<p>4. If no Report is on file with the Department, provide rationale/justification for costs claimed.</p>			
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Phase H – Remedial System Installation	Release #(s)
1. Period of Time covered:	
2. Type of remedial system(s) installed/started-up: <div style="margin-left: 40px;"> <input type="checkbox"/> Soil Vapor Extraction (SVE) only <input type="checkbox"/> Enhanced Aerobic Bioremediation <input type="checkbox"/> Air Sparge (AS) and SVE <input type="checkbox"/> Automatic Free Product Recovery System <input type="checkbox"/> Multi-Phase Extraction (MPE) or Dual Phase Extraction (DPE) <input type="checkbox"/> Bioventing <input type="checkbox"/> Other (Describe): _____ </div>	
3. Date of Remedial System Start-up/Initial Treatment: _____	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
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Phase I – Operation and Maintenance	Release #(s)
1. Period of Time covered:	
2. Frequency of Visits: <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	
3. Type of system(s) undergoing routine O&M: <div style="margin-left: 40px;"> <input type="checkbox"/> Soil Vapor Extraction (SVE) only <input type="checkbox"/> Automatic Free Product Recovery System <input type="checkbox"/> Air Sparge (AS) and SVE <input type="checkbox"/> Multi-Phase Extraction (MPE) or Dual Phase Extraction (DPE) <input type="checkbox"/> Other (Describe): _____ </div>	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
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Phase J - LUST Case Closure Activities		
1. Period of Time covered:		
2. Release Number(s)	Date Closure Request Submitted to ADEQ	Date of Release Closure by ADEQ
3.		
<input type="checkbox"/> Well Abandonment	Well ID #(s):	Release #(s):
<input type="checkbox"/> Confirmation Soil Boring Installation	Boring ID #(s)	Release #(s):
	Total depth of Borings:	
<p>4. If Report on file with the Department:</p> <p>Title of Document: _____</p> <p>Date of Document: _____</p> <p>Location within Document: _____</p>		
<p>5. If no Report is on file with the Department, provide rationale/justification for costs claimed.</p>		
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Phase K – Remedial Excavation	Release #(s)
1. Dates of Excavation: _____	
2. Excavation Size: _____ Bids provided: Yes No	
3. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
4. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
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Phase L – Tank Closure	Release #(s)
1. Date(s) of Tank Closure:	
2. Work Perform Relates to: <div style="margin-left: 40px;"> <input type="checkbox"/> Closure by removing tank <input type="checkbox"/> In-Ground Closure <input type="checkbox"/> Over Excavation (Justification for over excavating required) </div>	
3. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
4. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
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Phase M – Risk-Based Evaluation	Release # (s)
1. Period of Time covered:	
2. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
3. If no Report is on file with the Department, provide rationale/justification for costs claimed.	
4. If an incremental cost associated with a task cannot be included in the reimbursement application or direct payment request, a rationale for its exclusion shall be provided in the summary of work.	

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Phase N – Reporting	Release # (s)
1. Period of Time covered:	
2. Title of Document: _____ Date of Document: _____	
3. Is Report required by Rule: <input type="checkbox"/> yes <input type="checkbox"/> no Is Report requested in writing by ADEQ: <input type="checkbox"/> yes <input type="checkbox"/> no (attach copy of documentation requesting report)	
4. If an incremental cost associated with a task cannot be included in the reimbursement application or direct payment request, a rationale for its exclusion shall be provided in the summary of work.	

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Phase O – Initial Response and/or Initial Abatement			
1. Period of Time covered:			
2. Sampling Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____ Number of Wells Sampled: _____			
3.		Release #(s):	Dates of the Event(s)
Initial Monitoring of fire, explosion or vapor hazard	<input type="checkbox"/> Outdoor Monitoring <input type="checkbox"/> Indoor Monitoring		
Initial Mitigating Steps for fire or safety hazard			
Other: (Describe):			
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____			
5. If no Report is on file with the Department, provide rationale/justification for costs claimed.			
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Phase P – Work Plan Preparation		Release # (s)
1. Submittal Date:	SAF Approval Date:	SAF Application Pre-approval Number:
2. If an incremental cost associated with a task cannot be included in the reimbursement application or direct payment request, a rationale for its exclusion shall be provided in the summary of work.		